

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|--------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | 8-8-01 |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ ----- Rejected
 ----- Allowed
 (Through numeral) ----- Canceled
 + ----- Restricted
 N ----- Non-elected
 I ----- Interference
 A ----- Appeal
 O ----- Objected

| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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Best Available Copy